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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/691,392	
	Filing Date	10/17/2000	
	First Named Inventor	KATZ, Ronald A.	
	Art Unit	3687	
	Examiner Name	GORT, Elaine L.	
Total Number of Pages in This Submission	5	Attorney Docket Number	PAT-009C

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input style="width: 100%;" type="text"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	West Corporation		
Signature	/Raffi Gostanian/		
Printed name	Raffi Gostanian		
Date	February 2, 2009	Reg. No.	42,595

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	/Michele Zarinelli/		
Typed or printed name	Michele Zarinelli	Date	February 2, 2009

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/691,392
Applicant : KATZ, Ronald A.
Filed : 10/17/2000
TC/A.U. : 3687
Examiner : GORT, Elaine L.
Docket No. : PAT-009C
Customer No. : 29129

RESPONSE

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of 12/18/2008, please amend the above-identified application as follows:

Amendments to the Claims reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted via EFS to the attention of Elaine L. Gort, Group Art Unit 3687, U.S. Patent and Trademark Office, on the date show below.

February 2, 2009
Date of Deposit

/Michele A. Zarinelli/
Signature